

**63-042651**

STATE FILE NUMBER

**AMENDED**

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 61

~~FILED NOV 14 1963~~

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Warren	a. STATE	Missouri b. COUNTY Warren
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Warrenton	c. CITY OR TOWN	Warrenton
	Length of stay in 1b 4 months		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Katie Jane Home	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	North of Warrenton	

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
	Anna	M.	Rothove		Nov.	4.	1963

5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-14-1882	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Housewife	Own home	Rich Fountain, Mo.	U.S.A.

13a. FATHER'S NAME Fred Olishledger	13b. MOTHER'S MAIDEN NAME Catherine ?	14. NAME OF HUSBAND OR WIFE Bernard Rothwe
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Geo. A. Bulkley	Address 5457 Ruskin St. Louis 15, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion, acute</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b>
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Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.	IMMEDIATE CAUSE (a) <u>Coronary atherosclerosis, acute</u>	DE CAUSE
	DUE TO (b) <u>Generalized arteriosclerosis with arteriosclerotic heart disease</u>	<u>unknown</u>
	DUE TO (c) <u>Senile dementia</u>	<u>"</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days		
	<table border="1"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

CERT	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

MEDICAL	20c. TIME OF INJURY	Hour a.m. p.m.	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from March 24, 1962, to November 4, 1963 last saw her alive on November 1, 1963  
Death occurred at 8:20 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS Warrenton, Missouri	22c. DATE SIGNED 11-5-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-7-63	23c. NAME OF CEMETERY OR CHURCH Holy Rosary Church	23d. LOCATION (City, town, or county) Truesdale, Mo.	(State)
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24. FUNERAL DIRECTOR F.W. Nieburg & Co. Warrenton. Mo	ADDRESS 11-6-63	25. DATE RECD. BY LOCAL REG. 11-6-63	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

**USE BLACK INK  
OR  
TYPEWRITER RIBBON**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

## INSTEAD OF

### SHOULD READ

**TEAM NO.**

**DOCUMENT**

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Ranny L. Martin*

Licensed Embalmer No.

*5222*

P. O. Address

*Waverly, Mo.*

Note: The above, MUST, BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.